

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006531

1. Corporation Name

HEALING MINISTRY ON THE ROCK, INC.

Principal Place of Business

Mailing Address

18800 NW 2ND AVE. STE 222  
MIAMI FL 33169

18800 NW 2ND AVE. STE 222  
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1998

5. FEI Number

65-0866310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MILLER, ILGENE	2241 SHERMAN CIRCLE SOUTH #C310	HOLLYWOOD FL 33025
D	DALEY, CHRISTINE	7505 GRANT CRT	HOLLYWOOD FL 33024
D	MILLER, DAVID	2241 SHERMAN CS APT C350	HOLLYWOOD FL 33025
D	DALEY, ALTON	7505 GRANT CT	HOLLYWOOD FL 33024
			300003856573--2 -03/16/01--01096--022 *****62.00 *****62.00
			300003856573--2 -03/16/01--01096--023 *****175.00 *****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, ILEENE H  
3615 NW 191 STREET  
MIAMI FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date 10-20-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILEENE MILLER H

Date

Daytime Phone #

954-450-3698